

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1026

State File No.

FEB 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1026**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 821 Angelica
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Augusta Phillipine Lehnerts

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Lehnerts 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 18, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 12 If less than one day
hr. min.

9. Birthplace Winchester, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Henry Runkel
13. Birthplace Jacksonville, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Julia Simon
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George Lehnerts

(b) Address 821 Angelica

17. (a) Burial (b) Date thereof 2-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. JAN 31 1941 (b) J. M. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 821 Angelica
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct. 1 1940
to Jan 30, 1941.
that I last saw her alive on Jan 30, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death
Terminal Broncho pneumonia 24 hrs.
Due to Carcinoma of Stomach
1 yr.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? now
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place)
(a) Means of injury none

23. Signature M. E. Stehle M.D. (M. D. or other) D
Address 2000 E Grand Date signed 1-31-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. J. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.